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PTO/SB/30 (09-04)	

Request
for
Continued Examination (RCE)
Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/990,702
Filing Date	November 9, 2001
First Named Inventor	Keith W. Diveley et al.
Art Unit	3621
Examiner Name	James A. Reagan
Attorney Docket Number	20375-004010

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). 					
a.	a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.				
	i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on				
	ii. Other				
b.	⊠ En	Enclosed			
	i. 🛚	Amendment/Reply iii 🔲 Information Dis	sclosure Statement (IDS)		
	ii.	Affidavit(s)/ Declaration(s) iv. Other			
2. Miscellaneous					
 Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) 					
b.	b. Other				
3. Fee	3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.				
a. The Director is hereby authorized to charge the following fees, charge any additional fee(s) or underpayments of fee(s) or credit any overpayments, to Deposit Account No. 20-1430 I have enclosed a duplicate copy of this sheet.					
	i. RCE fee required under 37 CFR 1.17(e)				
ii. 🔀 Extension of time fee (37 CFR 1.136 and 1.17)					
iii. Other					
b.	Cr	Check in the amount of \$ enclosed			
c. Payment by credit card (Form PTO-2038 enclosed)					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization of PTO-2038.					
		SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REC	QUIRED		
Signature	e	Stew A Calling Date	5/12/05		
Name (P	rint /Type	rpe) Steven A. Gahlings Registrat	tion No. 54,108		
CERTIFICATE OF MAILING OR TRANSMISSION					
Express Mail Label: EV 4209 2250/ US					
I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date and is addressed to: Mail Stop RCF_Commission on this date and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to: Mail Stop RCF_Commission on the state and is addressed to the state and is addressed to the state and is addressed to the state and its addressed to the state and is addressed to the state and its addressed to the s					
Signature Saya 13. Hotelak					
Name (Pri	int /Type)	s) Sara B. McPeak Date	5-12-05		

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.60488252 vl